

APPENDIX Z
EMERGENCY OPERATIONS TIME AND ATTENDANCE SHEET

NAME:				PERMANENT ORGANIZATION (Including Office Symbol)										DATES WORK:	
(Last, First, MI)				EMERGENCY ASSIGNMENT SITE/MISSION:										FROM: _____	
														TO: _____	
DATE DAY OF WEEK	IN	OUT	RG	OS/CE	OU/CE	SG	HG	HD/ND	LH	LA/LS	KA	KC	FEMA TASK NUMBER	LABOR CHARGE CODE	
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
TOTALS															
I certify that above time record is accurate:			Approved:					I certify that the labor charge codes are correct:					Posted to the Time & Attendance Report:		
(Employee's Signature)			(Emergency Supervisor's Signature)					(Home Station EOC)					(Home Station Timekeeper)		

NOTE: Prior to working overtime, an overtime request must be completed and approved by the field Supervisor.